

**Submit this Application (with attachments) and 11 copies (without attachments) to:
Louisville Metro Office of Policy and Strategic Planning
Louisville Metro Hall Annex
517 Court Place, 6th Floor Annex, Suite 605
Louisville, Kentucky 40202**

HEALTH EXTERNAL AGENCY FUND GRANT APPLICATION FORM		
APPLICANT INFORMATION		
Legal Name of Applicant:		
Contact Person Name:	Title:	
Contact Person Phone:	Email Address:	
MAIN OFFICE		
Street Address:		
Phone:	Fax:	Website:
GEOGRAPHICAL AREAS WHERE ACTIVITIES ARE PROVIDED		
Facility Location(s):		
Council District(s):	Zip Codes:	
Neighborhood(s):	Neighborhood Place Site(s):	
Metro Government Facilities:		
FINANCIAL INFORMATION		
Total EAF Request: \$		
Louisville Metro Revenue Commission Account Number:		
Please attach a copy of the Articles of Incorporation to this application.		
Please attach one of the following: <input type="checkbox"/> IRS 501(c)(3) Determination Letter		
<input type="checkbox"/> Letter of Advanced Determination <input type="checkbox"/> Letters of Affirmation from IRS.		
<input type="checkbox"/> Copy of applicant's financial statement (if annual gross receipts are less than \$25,000)		
Fiscal Year Start Date:	Applicant's Current Fiscal Year Total Budget : \$	
For the current fiscal year, list Funds received from Louisville Metro Government, <u>including funds received from any department or Metro Council Appropriation (Neighborhood Development Funds)</u>		
Source:	Amount: \$	
Source:	Amount: \$	
Does the applicant have a certified audit performed each year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SIGNATURES		
I certify under the penalty of law that the information in this application (including, without limitation, the "Certifications and Assurances" is accurate to the best of my knowledge. I am aware that my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am authorized to sign this application for the applying organization.		
Signature of Authorized Official:		Date:
FOR OFFICE USE ONLY Date Received _____ Mailed-In <input type="checkbox"/> Dropped-Off <input type="checkbox"/> Initials _____		

DEADLINE: MARCH 23, 2006

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INSTRUCTIONS FOR PROGRAM NARRATIVE

The Program Narrative consists of the following seven sections. Respond to the sections in the order they appear. Number each and retype the section headings appearing in bold type. In the event that a section does not pertain to your program, type the number and section heading anyway and put “Not Applicable” in the space where a response should appear. Responses in this section should be typed (on one side only) on 8.5” x 11”, white paper, and single spaced, with double spacing between paragraphs, using 12-point type (Times New Roman, Courier, or Book Antiqua). **The Program Narrative should be four pages or less.**

- 1. Summary of the Program.** Briefly (in 300 words or less) provide a summary of the program that includes a description of the specific client population that will be served by the program. Include Applicant’s mission statement.
- 2. Capacity of the applicant and relevant organizational experience (15 points).** List and describe the backgrounds, roles and responsibilities of key management and program staff.
- 3. Extent of the problem and its relevancy to the Mayor’s Strategic Plan (15 points)**
 - Describe how this program promotes at least one of the Mayor’s Strategic Goals (provided on page 1 of this Handbook)
 - List any other goals or objectives of your program.
- 4. Soundness of approach (50 points)**
 - Briefly describe what resources (inputs) will be committed to achieve the program’s stated goals and what services or activities will be provided to the program’s targeted client population (outputs).
 - Briefly describe the program’s targeted benefits (measurable outcomes).
 - Briefly describe the program’s process for collecting data and the indicators that will be tracked to measure the success of your program.
 - If the program was a 2005/2006 External Agency Fund Grantee:
 - Provide specific examples of the manner in which the services provided benefited the targeted client population;
 - Discuss any significant changes that will be made in the program ;
 - Attach a Logic Model that indicates the inputs, activities, outputs and measurable outcomes (see Sample Logic Model on page 49)
- 5. Leveraging and collaboration of community resources (10 points)**
 - Briefly describe any existing collaborative relationships your organization has with other community organizations.
 - Describe how you will collaborate with other community organizations.
 - Briefly describe the program’s utilization of volunteers or in-kind contributions.
- 6. Sustainability (10 points)** Describe any efforts to increase and/or diversify program resources and any strategies for capacity building.

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INSTRUCTIONS FOR PROGRAM NARRATIVE (CONTINUED)

7. **Mayor's Healthy Hometown (25 points).** Describe how your program's projects or initiatives do all of the following:
- Involve neighborhood groups in designing and creating physical activity programs.
 - Provide opportunities for people to engage in physical activity (project may focus on any age group or a variety thereof, from school aged through late adulthood).
 - Provide quantitative and/or qualitative data from physical activity program participants.
 - Reach out to low-income or underserved communities.

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PROGRAM BUDGET SUMMARY

The Program Budget should realistically estimate how much money is needed from Metro Government. This application should be for funds which are absolutely essential for the program. The Program Budget will be reviewed for cost effectiveness and for the direct relationship between planned expenditures and planned program activities.

Please remember that EAF grants are awarded competitively, and as competition for limited funds increases, applications that are over-budgeted are less likely to receive support.

For each line item, enter whole-dollar amounts. Round off any cents to the nearest whole dollar.

THE PROGRAM BUDGET	EAF REQUESTED AMOUNT	OTHER SOURCES	TOTAL
Salaries (including unemployment insurance, workers' comp, others)	\$	\$	\$
Rents/Utilities	\$	\$	\$
Office Supplies (including consumables)	\$	\$	\$
Telephone	\$	\$	\$
Small Equipment	\$	\$	\$
Travel: In-Town	\$	\$	\$
Client Assistance	\$	\$	\$
Program Expenses (including consumables)			
Volunteer/In-kind Contribution		\$	\$
Other Expenses (please attach a list of these items and amounts)	\$	\$	\$
	\$	\$	\$
TOTAL:	\$	\$	\$

Total EAF Amounts Requested (from all Metro Funding Agency EAF Grant Applications) cannot exceed 33% of the Applicant's Total Current Fiscal Year.

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CERTIFICATIONS AND ASSURANCES

By signing the first page of the EAF Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application

Standard Assurances

1. Funds will be used for a non-construction program.
2. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. Applicant will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant.
4. Applicant will not lobby Louisville Metro Council members and staff by oral or written communications as specified in the External Agency Fund Lobbying Policy written in the External Agency Technical Assistance Handbook.
5. The Agency is in good standing with Louisville Metro Government

Standard Certifications

6. The Agency has a written Affirmation Action/Equal Employment Opportunity Policy.
7. The Agency does not discriminate in employment or in provision of any service/program/activity/event (Activity) based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
8. The Agency certifies that it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like Activities in order to receive services/benefits provided with Louisville Metro Government funds.
9. The Agency certifies that it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
10. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.
11. The Agency certifies that it provides a drug-free workplace, has established a Drug Free awareness program, has informed employees about the dangers of drug abuse in the workplace and disciplinary and/or legal action for any and/or all offenses.

Relationship disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee. In addition, list below any relationship any member of your Board of Directors has with any employee within your Agency being considered for or receiving funding.
